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Bessa, Amanda Trindade Teixeira de; Mesquita, Maria Gefé da Rosa; Marluci, Andrade Conceição Stipp

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Saúde do homem e doença cardiovascular: gerenciamento do cuidado de enfermagem em nível ambulatorial

Men's health and cardiovascular disease: the nursing care management in ambulatory

Salud del hombre y enfermedad cardiovascular: gestión de la atención de enfermería en el ambulatorio

Amanda Trindade Teixeira de Bessa¹, Maria Gefé da Rosa Mesquita² e Marluci Andrade Conceição Stipp³.

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ABSTRACT

Objectives: characterize the socio-demographic conditions and life habits of male customers and discuss about managing cardiovascular nursing care in outpatient level. **Method:** transversal study and descriptive, exploratory with 50 participants. Applied an interview on personal data, life habits and health conditions. We used Epi InfoTM version 3.5.2 for statistical analysis. Approved research on the Ethics Committee and research opinion no 236,786. **Results:** were characterized men over 40 years, retirees, pensioners or the unemployed, with low income and education, poor sleep pattern and 52% with hypertension. It was observed that the risk factors are modifiable, and fix them through health education and lifestyle changes. **Conclusion:** There are big

¹ <http://lattes.cnpq.br/8608593299458154>. Federal University of Rio de Janeiro, Brazil. Degree in Nursing School at Anna Nery Universidade Federal do Rio de Janeiro (2015), master's degree in nursing school Anna Nery at Universidade Federal do Rio de Janeiro. Inserted in the Center for research on Health Management and professional practice (GESPEn) of the Department of methodology of Nursing of the Anna Nery School of Nursing. Primary contact: Rua Manoel Botelho, 262 Barbuda - Magé - RJ. E-mail: amandattb@gmail.com

² <http://lattes.cnpq.br/5256065854595111>. Federal University of Rio de Janeiro, Brazil. Assistant Professor II of the Anna Nery School of Nursing/Federal University of Rio de Janeiro (EEAN/UFRJ). Doctor in nursing. International Educational Exchange in nursing school at the University of California Los Angeles (UCLA). Sandwich PhD at the Federal University of Santa Catarina (UFSC). Graduated from EEAN/UFRJ. Graduate program along the lines of residence in the area of Medical-Surgical Nursing at the Federal University of Rio de Janeiro State (UNIRIO). Specializations in the areas of Intensive Therapy from the Fluminense Federal University (UFF) and education from the National School of public health Sergio Arouca/Fundação Oswaldo Cruz (ENSP/FIOCRUZ). Member of the Infusion Nursing Society Brazil. Deputy leader of the Group of research and extension in security and sustainability in health (GPESEG). Reviewer of scientific journals in articles for publication analysis of Brazilian and international magazines. Operates in nursing education and research, on the following subjects: management in health, oncology nursing, patient safety with emphasis on Oncology, men's health, adult Health.

³ <http://lattes.cnpq.br/5033738592087439>. Federal University of Rio de Janeiro, Brazil. Degree in Nursing and Obstetrics by Universidade Federal do Rio de Janeiro (1992), masters in nursing from the Federal University of Rio de Janeiro (1995), PhD in nursing from the Federal University of Rio de Janeiro (2000), specialist in clinical research (2006), PhD in nursing from the Federal University of Santa Catarina (2010). Is Associate Professor of the Federal University of Rio de Janeiro. Is teaching and guidance of the masters and doctorate from EEAN/UFRJ. Has experience in the field of nursing with an emphasis in nursing in cardiology, working mainly on the following subjects: nursing administration, management of care, cardiovascular nursing.

challenges for the management of nursing care in a gender perspective offering important discussions on promotion and prevention of diseases.

Descriptors: cardiovascular diseases, the health man, nursing, management.

RESUMO

Objetivo: caracterizar as condições sociodemográficas e de hábitos de vida de uma clientela masculina e discutir sobre gerenciamento do cuidado de enfermagem cardiovascular em nível ambulatorial. **Método:** estudo transversal, descritivo, exploratório com amostra de 50 participantes. Aplicado um roteiro de entrevista sobre dados pessoais, hábitos de vida e condições de saúde. Utilizou-se Epi InfoTM versão 3.5.2 para análise estatística. Pesquisa aprovada no Comitê de Ética e Pesquisa, parecer nº 236.786. **Resultados:** caracterizaram-se homens acima de 40 anos, aposentados, pensionistas ou desempregados, com baixa renda e escolaridade, padrão de sono insatisfatório e 52% hipertensos. Discussão: Observou-se que os fatores de risco são modificáveis, podendo-se corrigi-los através da educação em saúde e mudanças no estilo de vida. **Conclusão:** são grandes os desafios para o gerenciamento do cuidado de enfermagem na perspectiva de gênero oferecendo importantes discussões sobre promoção e prevenção de agravos à saúde.

Descritores: doenças cardiovasculares, saúde do homem, enfermagem, gerência.

RESUMEN

Objetivo: caracterizar las condiciones sociodemográficas y de estilo de vida y discutir la gestión de la atención de enfermería cardiovascular en los pacientes de sexo masculino en el ambulatorio. **Método:** estudio transversal, descriptivo, exploratorio, con la muestra de 50 participantes. Aplicado guía de entrevista a datos personales, hábitos y condiciones de salud que viven. Se utilizó Epi InfoTM versión 3.5.2 para el análisis estadístico. Aprobado por el Comité de Ética en Investigación, la Opinión N° 236 786. **Resultados:** caracterizaron, hombres con más de 40 años, jubilados o personas sin sueldo, con bajos ingresos y la educación, estándar de sueño es insatisfactorio y 52% eran hipertensos. Se observó que los factores de riesgo son modificables y se pueden ser solucionados por medio de la educación para la salud y los cambios en el estilo de vida. **Conclusión:** hay desafíos para la gestión de los cuidados de enfermería desde una perspectiva de género, ofreciendo importantes debates sobre la promoción y la prevención de problemas de salud.

Descriptores: salud del hombre, enfermedades cardiovasculares, enfermería, gerencia.

INTRODUCTION

Human health is a highly complex issue in which are inserted several factors and peculiarities, which involve from the historical context, based on patriarchal society, where the man is seen as an individual strong and little vulnerable, who doesn't get sick, to cultural and financial issues, in which he judges himself as responsible for the provision of the family, claiming it is not possible to fail to report to work to seek medical attention.

All these factors contribute to the low adhesion in the pursuit of a preventive action, leading these men to seek assistance only in more serious situations, that can sometimes bring effective risk to quality of life, since the consequences of seeking only healing can result in consequences and harms to health that could be avoided by measures of primary prevention.¹

In 2010, 44.5% of the total Brazilian elderly population was male² thus, justified the need for studies aimed at discussing the specifics of the masculine gender, its main features and points to be discussed and worked out by health professionals, in order to enable a more assertive and integral care, who can, in addition to educate the individual to seek prevention also, promote health and quality of life.

For a long time, specific care to the male gender was neglected, and there is no policy of health promotion and prevention of diseases geared to men, based on its peculiarities and typical of the genre, epidemiology as most prevalent diseases and morbidity and mortality rates. Studies show that the professionals are not familiar with the presence of man on the set of the basic attention, being possible to note important differences in host and consultation between the genders, male and female, the latter being the target of a wiretap more attentive and thorough than the first.³

The meeting of all these aspects leads men to become more vulnerable to diseases and, in that context, are the chronic non-communicable diseases (NCD), including cardiovascular diseases, which are multifactorial, where hereditary issues, food, sleep and rest, sedentary lifestyle, smoking, alcohol consumption, among others are indicators of risk for its development, as well as raise the prevalence rates of morbidity and mortality in Brazil and in the world.

Cardiovascular diseases are the main health problem that leads to death in Brazil, and the second leading cause of mortality in males,⁴ is more common in older men, with less education, single, widowed or divorced, and in productive age. According to DataSUS, the mortality rate for diseases of the circulatory system in males (63.9%) is higher than the general rate (53.8%) and the female mortality rate (44.1%).⁵

In front of all this history, in recent decades, has been observed by the health system, a growing concern with the health of Man, realizing from the creation of the National Policy of Integral attention to health (PNAISH), integrating it as one of the priorities of the Government's health agenda. This policy aims to act on the primary care level, establishing strategies to reach the target audience, working with health prevention and promotion, in an attempt to raise awareness and to bring these men to preventive assistance.

It is believed that the man is a generic being, exerting activities that are common to all, but at the same time is private, where is represented by its peculiarities and ways to feel and deal with the situations presented to them, that is, everyday life is nothing more than changes of coexistence particularity and genericity.⁶

Everyday life is the creation and reproduction of the individual and consequently of society itself through the objectivities, which originate from an action of man under an object, bringing you benefits and usefulness through this. 7 you could say so, that the individual is heterogeneous and spontaneous and these characteristics, despite being particular, come from the singular-generic, and their attitudes and choices interfere so much in one aspect, as in another.⁶

Thus, the present study aims to: characterize the socio-demographic conditions and life habits of male customers and discuss about managing cardiovascular nursing care in outpatient level.

METHODS

This is a cross-sectional study, descriptive, exploratory with quantitative approach performed in an outpatient unit of a teaching Federal Hospital from the State of Rio de Janeiro.

This study is part of a research project entitled "gender and cardiovascular disease-epidemiological and educational Aspects assessed by the Nurse". This project was divided into two phases, the first, completed in the first half of 2013, was conducted with people of both sexes and the second, held in the period 2013-2014-1 to 2, gave rise to the present study, with emphasis on health promotion.

The sample, the type of probability, not for convenience⁸, was made up of 50 customers. Customers were users of outpatient services of the institution, from the waiting room. Inclusion criteria were: customers aged 18 years or more, in clinical conditions to communicate; seeking outpatient care in the various clinical specialties from the hospital.

A script was used to interview divided into three parts, the first being with questions related to personal data the second related patterns of life and the third on the health situation of clientele including information on hypertension, diabetes, dyslipidemias, among others.

The data was collected in the outpatient clinic in the morning and in the afternoon and were tabulated, organized and analyzed using Epi Info™ Research Software version 3.5.2 for statistical analysis. The present study offered minimal risks to participants, such as emotional distress or embarrassment when responding to interview. The research was approved on the POSTCODE of EEAN-UFRJ-St. Francis Hospital under paragraph 236,786 of 4/30/2013.

RESULTS

In table 1, data relating to the socio demographic profile of 50 participants.

Table 1: socio demographic Characteristics of the Sample-Rio de Janeiro, 2014.

Socio demographic characteristics	Fi	Fi%
Age		
Less than 40 years	9	18.0
Greater than or equal to 40 years	41	88.0
Naturalness		
Rio de Janeiro	29	58.0
Other States	19	38.0
Foreigners	2	4.0
Skin color		
White	17	34.0
White not	33	66.0
Schooling		
1° Incomplete degree	15	30.0
1° Full degree	11	22.0
2° Degree incomplete	9	18.0
2° Full degree	8	16.0
3° Degree incomplete	4	8.0
3rd grade complete	2	4.0
Illiterate	1	2.0
Occupation		
Retired/Pensioner	20	40.0
With pay	21	42.0
No pay	9	18.0
Individual income		
< Of 1 SM	3	7.3
1 to 3 SM <	32	78.0
3 to 5 SM <	5	12.2
Not reported	1	2.5
Married life		
Yes	24	48.0
No	26	52.0
Main family income		
Yes	36	87.8
No	5	12.2
Religion referred to		
Catholic	33	66.0
Evangelical	7	14.0
Spiritualist	3	6.0
Without religion	7	14.0

* Minimum wage reference in data collection period: 628.00 R\$ from May to December 2013 and 724.00 R\$ from January to February of 2014. Source: Inter Union Department of statistics and socioeconomic studies – DIEESE

With respect to life habits in table 2 shows that the pattern of sleep and rest is predominantly unsatisfactory among men, as well as the practice of physical activity regularly. Approximately of 50% have inadequate water intake, consuming less than 2 liters of water per day. With respect to food, table 1 presents the classes most food consumed in descending order.

Table 2: sample Life Habits-Rio de Janeiro, 2014

Life habits	Fi	Fi%
Pattern of sleep and rest		
Satisfactory (8:00 or more)	22	44.0
Unsatisfactory	28	56.0
Daily meals		
2	5	10.0
3	19	38.0
4	20	40.0
5	6	12.0
Salt intake		
Looking for < 5 g salt a day eating	38	76.0
Don't bother to reduce the salt in food	11	22.0
Put Salt in food ready	1	2.0
Water intake		
2 liters or more per day	25	50.0
Less than 2 liters per day	25	50.0
Physical activity		
Practice regularly	16	32.0
Don't play regularly	34	68.0
Alcoholic beverage		
Consumes alcohol	20	40.0
Does not consume	30	60.0
Smoking		
Smoker	13	26.0
Don't smoke	37	74.0
Family history of coronary artery disease		
Yes	16	32.0
No	34	68.0
Emotional stress		
Do you feel stressed	23	46.0
Not feeling stressed	27	54.0
Depression		
Referred to in	14	28.0
Not referred	36	72.0
Seek medical assistance		
1 x per year	7	14.0
2 x per year	2	4.0
3 x a year	6	12.0
4 x or more per year	19	38.0
Not search	16	32.0

On the situational context of health, the current most frequent medical diagnoses are cardiovascular diseases, followed by chemical dependency and diabetes *mellitus*. The underlying disease most common among men, hypertension, involved 52% of participants (table 3), two of which, 19.2% did not adhere to treatment.

Table 3: frequency of arterial hypertension as basic diseases and treatment adherence-Rio de Janeiro, 2014.

Underlying disease	Fi	Fi%
Systemic hypertension		
Carrier	26	52.0
non-carrier	24	48.0
Treatment		
Sticks	20	76.9
Does not adhere	5	19.3
Didn't know inform	1	3.8

Underlying disease	Fi	Fi%
Blood pressure control		
Carries out control	20	76.9
Does not perform	5	19.3
Didn't know inform	1	3.8

In table 4, it is important to note that the majority of respondents shows body mass index (BMI) normal, and 50% have waist circumference above the standards adequately established, predominantly among the cut-off points, the overweight and the waist circumference above 102 cm. Both the data are important risk factors for CVD.

Table 4: anthropometric data of the sample - Rio de Janeiro, 2014.

Anthropometric data	Fi	Fi%
Body mass index		
Low weight	1	2.0
Normal	19	38.0
Overweight	17	34.0
Obesity	13	26.0
Waist circumference (cm)		
< 94 cm Ideal	25	50.00
94 -102 increased risk	12	24.0
102 > Increased Risk	13	26.0

With regard to preventive methods for CVD, it was observed that the source of further information gained are health services and that the participants have a good knowledge about the items reduce stress, salt intake, weight reduction and physical activity. However, with respect to habits of smoking and alcohol intake, one can see that there is still some difference of opinion.

Table 5: knowledge of respondents about the prevention methods to the CVD-Rio de Janeiro, 2014.

Methods of knowledge	Yes Fi Fi%	No Fi Fi%	Didn't know inform Fi Fi%
Quit smoking	41 82	1 2	8 16
Practicing physical exercises	44 77	00 00	6 23
Reduce stress	42 84	1 2	7 14
Reduce salt intake	47 94	1 2	2 4
Reduce alcohol intake	40 80	2 4	8 16
Reduce weight	43 86	1 2	6 12

Discussion of the data

The sample was composed of 50 men, of which the most prevalent are diseases CVD, being 52% with hypertension, 88% with 40 or more years, 58% natural of Rio de Janeiro

State, mostly retirees, pensioners or individuals without remuneration, not white, with schooling until the 1° full degree, bachelors and Catholics.

Detected risk factors such as being overweight, sedentary and waist circumference above normal, with predominantly carbohydrate food and vegetables and water intake below the ideal. The anthropometric measurements, as well as the sedentary are important risk factors for the emergence of cardiovascular disease.^{9,10} the adequate and balanced consumption of food and adequate water intake varied, combined with the practice of regular physical activity, support for weight reduction, reduction of waist circumference, and improvement in life quality, and can prevent up to 75% of CVD.^{9,11}

With respect to the sleep pattern, it is altered, as a possible consequence, that 46% of respondent's report stress. It is known that sleep disorders can trigger a series of changes at the individual, since behavioral changes such as tiredness and irritability and can even contribute at the same time the other factors, with the emergence of CVD. On the other hand, as positive, it was found that low frequency of smoking and alcohol consumption. Of those surveyed, 68 percent seek care at health services at least once a year, this being their main source of information about cardiovascular disease.

With respect to age group, it was observed that the demand for health services is low among young people, being more expressive from the middle age. An important factor to be highlighted, given the specificity of the genre, is that 42% of participants surveyed engaged in remunerated activities, i.e. consists of active workers, which proves the cultural issue of traditional masculinity reported previously, when men claim as one of the factors for lack of search for health service to timetables, can't always ask for exemption from work to attend check-ups.

So, men show greater difficulty searching for health assistance due to their self-perception, being the search for care a specific task of the female gender. Needing health care debunks men, which were created to assist and provide.¹² Based on this context, the man does not seek preventive care, and when pathological framework is already installed, and often without possibility of rollback, thus causing permanent changes in health and life quality and also, more welfare costs for the unified health system (SUS).¹³

On individual income and education level, studies show that non-communicable chronic diseases affect people of lower purchasing power, accounting for 80 percent of deaths in low-and middle-income countries, with 29% of deaths in people under 60 years, while in high-income countries the same age corresponds to only 13% of the population.¹⁴

It is already known that low educational level is configured as a risk factor for CVD. Brazil being an underdeveloped country, which presents high level of poverty and low education, this data becomes essential, as they feature both aspects, as risk factors of importance in the context of CVD, indicating which are elaborated policies and awareness of

relevant information to the topic clearly and objectively, directed to this population, in order to reduce the incidence of cardiovascular disease.

Considering the previous discussion, note that the characterization of the clientele indicates that the main risk factors for the development of CVD are modifiable,¹⁵ requiring the implementation of health actions aimed at raising awareness and understanding of the male population, especially to those who are in the Group of greater vulnerability, i.e., low education and low income.

From this, studies show that simple and preventive interventions, bringing actions of promotion and education regarding health and control of risk factors, can be efficient in the control of these diseases and preventing new cases,^{16,17} measures of improvements in life quality are also of utmost importance in the prevention of NCD and not necessarily dispense financial costs, such as , regular practice of physical exercise, reduction of the use of salt, avoidance of the use of alcohol and tobacco, keeping a diet rich in fiber, Greens and vegetables and low in sugar, fat and salt and avoiding stress.

In this context, nursing is as active agent¹⁸, being the professional nurse member and participant of the multidisciplinary team, in the context of basic health attention,¹⁸ having attributions of coordination, organization, leadership and management of care. His performance permeates both the coordination by the team in carrying out educational activities and lectures aimed at guiding collectively about healthier living habits, how much personal and material management. However, education and guidance in health can be made individually, either through the provision of nursing Consultation.

Studies have shown that users see the nurse as a professional, welcoming, allowing closer approximation during care, which favors the nurse to establish a satisfactory communication and promote health education.¹⁹ is also known, that prevention from the guidelines and advice given by the nurse in the nursing consultation reduces mortality among individuals, contributing to a higher life quality,¹⁵ therefore, an important tool that nursing offers to invest in promotion of health and prevention of diseases.¹⁹

The issue of managing implies in obtaining managerial skills, in the execution of an action planning of health as one of the primary tools in this process. For this, the nurse requires knowledge of public policy and municipal and sanitary and epidemiological profile.²⁰ thus, knowing the lifestyle of its customers, will facilitate the control of their risk factors and subsequent monitoring in order to reduce them.

CONCLUSION

The masculine gender is endowed with numerous special features, requiring a specific policy toward its individual demands, in order to sensitize these men into preventive care, breaking the historic taboo of unattainable, showing that he also gets sick and needs to take care of himself.

It was observed that in 15 months of data collection, were found only 50 men, which demonstrates the lack of participation in primary health care. It is important to stimulate the adherence of this population, seeking to increasingly promote life quality and reduction of modifiable risk factors, reaching an optimum level of prevention and control of diseases.

The importance of estimating such factors is the possibility of prevention and reversal of the frame, before the manifestation of diseases, and education and re-education of the coexistence with their habits of life an essential aspect in the approach to this client in planning nursing care. Thus, careful management can act as facilitator of the work instrument and that qualifies the nurse ambulatory assistance.

Nursing is of vital importance in this activity, Yes, this is assignment, manage care, whether in the collective, through groups of lectures, conversations and other wheels, individual care strategies, through advice on the nursing consultation. On the facts, it is concluded that large are the challenges for managing nursing care on gender perspective offering important discussions on promotion and prevention of diseases.

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Author responsible for correspondence:

Amanda Trindade Teixeira de Bessa

Rua Afonso Cavalcanti, 275

Cidade Nova, Rio de Janeiro – RJ